

Seguin (E. C.)



HYSTERICAL CONVULSIONS AND HEMI-ANÆSTHESIA IN AN
ADULT MALE: CURE BY METALLO-THERAPY (GOLD).

By E. C. SEGUIN, M.D.

Examples of hysterical convulsions in the male sex are rather frequent in youth and boyhood, but after twenty they become so rare as to be worthy of record. Still more unusual is it (in this country at least) for hemi-anæsthesia to follow the succession of convulsions. For these reasons, and because the case presents points of interest as regards diagnosis and therapeutics, I desire to place it before the readers of the ARCHIVES.

James A., 21 years old, single, and a laborer by occupation, was brought to the Manhattan Eye and Ear Hospital by Dr. Smith of Newtown, Ct., for the diagnosis and treatment of an alarming set of nervous symptoms; briefly summed up as convulsions, extreme staggering, left-sided hemi-anæsthesia.

History.—A year ago the patient fell from the upper platform of a freight car, a distance of at least ten feet, striking the ground upon the back of his head. He thinks that he was unconscious for a few moments, but did not vomit. Remained well after this fall until some six weeks ago. Denies sexual excesses or irregularities. At that time, some six weeks ago, he had an ill-defined illness—apparently a severe “cold,” characterized chiefly by pains all over his body, in the muscles mostly. Thinks that he had no fever (locality is malarious, however), and is positive that he had no articular swelling or sore throat. The account of the order of appearance of the nervous symptoms is obscure, as Dr. Smith did not see patient until two weeks ago. Then had already had several “fits,” apparently of an epileptic nature; he was not paralyzed, but exhibited complete insensibility to pricking on the left side of his head, face, tongue, and body. He also staggered somewhat. He complained of headache, near the vertex, and over the right parietal region. Convulsions occurred every night; and one night about ten days ago there were several, which were witnessed by Dr. Smith. In these attacks the patient was stiff; eyes closed, showing, when the lids were raised, normal pupils;

the respiration was slow and gasping; the spasm was only tonic, and lasted, quite certainly, not less than three minutes. There was no frothing of the mouth, or subsequent drowsiness. The patient claimed not to know any thing of these seizures. Attacks occurred yesterday. A friend of the patient describes attacks lasting an hour and a half. The staggering gradually increased during the fortnight of observation; clear (colorless?) urine was often voided; no globus or emotional seizures. Has seemed rather obtuse or stupid. Much bromide of potassium has been administered; at first he had forty grains (2.75 grammes) every four hours, and later every two hours, and less often. Altogether, has taken about 45 grammes ($\frac{3}{4}$ jss) in ten days.

Examination.—Patient is an average, dull-looking Irishman, generally pale, and with the neurotic white circle about his mouth strongly marked. Comes into the room supported by two persons; staggers preposterously; when not supported plunges off to one side or the other. No paralysis; sees and hears well (to simple tests). Pupils normal. Left side of body, face, and tongue presents complete analgesia. Ends of fingers are a little sensitive to *deep* pricking (only in last two or three days). The various modes of sensibility and the special senses were not critically studied, because we purposed doing this on another day. To watch-test and to ordinary objects there was no deafness or blindness of the left ear and eye. An interesting experiment was made upon the patient as regards his equilibrium. I placed him in the middle of the room, loosened his friend's hold of his arm, and told him to look up at the ceiling and try to see certain fine marks upon it. Thinking that I was testing his eyesight, he strongly directed his attention that way and stood *perfectly well*, without a trace of his staggering; which, however, returned the moment that the test was over and he was told to stand alone—that he could not do (while thinking of it).

Without saying any thing to the patient or to the physicians and students standing by, I applied two twenty-dollar gold pieces to the patient's left hand, and afterward to his forearm, cheek, and tongue. I most positively said or did nothing which could *suggest* any thing to him. He could not tell whether I meant this as a continuation of the examination, or as a remedial measure; he looked and spoke as if he thought I was amusing myself in applying the gold.

In a few moments, one to three minutes, sensibility returned in each spot where the metal had been laid; completely so in the

tongue, and partially in the cheek, forearm, and hand. The patient was amazed. I ordered a capsule containing .30 of citrate of iron and quinine and .01 of extract of nux vomica to be taken four times a day.

The next day, September 21st, the patient was examined by my colleague, Dr. W. R. Birdsall, who found him nearly free from staggering; pricking with a needle was felt a little less than normally on the left face, quite normally on the left arm and hand. On the left leg (not yet treated) pricking was somewhat felt, but simple touch was not perceived. A belt of gold plates was applied round about the calf for ten minutes, when sensibility was found to be restored, not simply where the plates had been laid, but throughout the extremity. On neither day was any phenomenon of "transfer" observed.

On Sept. 23d patient, claiming to be perfectly well, left the hospital contrary to my request.

The diagnosis of the case presented but slight difficulties, in spite of its extreme rarity. The staggering was evidently overdone, or at least greater than in any organic or functional cerebral disease known to me; and it was made to cease by diverting the patient's attention in an interesting manner. The convulsions were too long to be any thing but hysterical, and the state of the pupils indicated the non-epileptic nature of the seizures. The continuation of the symptoms—nay, their aggravation—under severe bromide treatment was in accordance with my own experience in hysterical cases.

The brilliant success of metallo-therapy in this case is interesting and very puzzling. I believe that every physician present when the gold was first applied, will agree with my statement that there was no sort of *suggestion* made to the patient—nothing was said until after the patient himself looked up in amazement at the restoration of sensibility to his hand and tongue.

It might be added that in the last two years I have had several successful cases of metallo-therapy in my practice—all of them reactions to gold. One of the most striking was that of a girl aged about sixteen, showing decided chloro-anæmia, but free from hysterical symptoms except analgesia of the whole left upper extremity, and the neurotic white circle about the mouth. In this case an elongated oval area on the extensor surface of the forearm remained analgesic in spite of several short applications of the gold, but yielded to their continued contact for twenty-four hours.

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